SENDER. COMPLETE THIS SECTION DOC	I COMPLETE THIS SECTION ON DELIVERY Page 1 of
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
DR John Saidla Auburn University	
612 Huerelinen Hall	3. Service Type Certified Mail Registered Insured Mail C.O.D.
Auburan A14.36849	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 3450 0000 3378 3081	

PS Form 3811, February 2004 Domestic Return Receipt

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